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T. MATTHEWS OUT 29 2021

COVER LETTER

TO:	Registration Se Division of Cor			*
end ic.	SR2021, LI CT:	LC : · ·	ar ,	2.4
SUBJE	C1.		nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Michael Hinchion		
			Name of Person	
		Novamet Specialty Produc	ets Corporation	
			Firm/Company	
		1420 Toshiba Drive, Suite	E	
			Address	
		Lebanon, TN 37087		
			City/State and Zip Code	
		michael.hinchion@novame	•	
		E-mail address: (to be used for future annual report noti	fication)
For furth	ner information c	oncerning this matter, please c	all:	
Michael	Hinchion		615 579-7122 at ()	
	Name o	f Person	at ()	e Telephone Number
Enclosed	d is a check for th	ne following amount:		
□ \$ 25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addrag	~.	Sau t. 1.3	

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF THE STATE OF THE

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SR2021, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number <u>L21000022363</u>	y were filed on January 8, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· <u></u>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
The state of the s		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the n	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
·	, Florida	Zıp Code
	City	Zıp Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member		man Charles State of the		
<u>Title</u>	<u>Name</u>	Address	21 00T 19 PH 3: 13	Type of Action
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				□Remove
				□Change
				DAdd
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acquire, improve, hold, mana	ge, rent, lease and sell real property, and	Vor interests therein, as the membe	rs
may from time to time detern	nine."		21
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reffective date is listed, the date must	be specific and cannot be prior to date of filir	ig or more than 90 days after filing.) Pu	rsuant to 605.0207
cument's effective date on the De	ck does not meet the applicable statutor partment of State's records.	y filing requirements, this date wil	I not be listed as t
cord specifies a delayed effective	date, but not an effective time, at 12:01	any on the reality of (L). The of)41. 1
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Filing Fee: \$25.00